



# Glossop Urban Sanitary Authority



## Annual Report

OF THE

### MEDICAL OFFICER OF HEALTH

AND

### Sanitary Inspector

**FOR THE YEAR 1907.**



GLOSSOP :

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# Weekly Notification of Scarlet Fever during Eight Years.

1900.		1901.		1902.		1903.	
Week ending	Cases						
Jan. 6	0	Jan. 5	2	Jan. 4	1	Jan. 3	6
13	2	12	2	11	0	10	3
20	2	19	0	18	0	17	3
27	1	26	3	24	1	24	6
Feb. 3	2	Feb. 2	0	Feb. 1	1	31	3
10	2	9	3	8	0	Feb. 7	3
17	3	16	2	15	1	14	2
24	1	23	3	22	1	21	0
Mar 3	0	Mar 2	3	Mar 1	1	28	1
10	3	9	1	8	1	Mar 7	0
17	2	16	4	15	2	14	3
24	1	23	5	22	2	21	2
31	0	30	2	27	2	28	1
Apr. 7	0	Apr. 6	3	Apr. 5	2	Apr. 4	2
14	1	13	2	12	1	11	1
21	1	20	3	19	1	18	0
28	0	27	3	26	1	25	0
May 5	3	May 4	7	May 3	0	May 2	0
12	1	11	9	10	0	9	0
19	5	18	7	17	3	16	0
26	1	25	9	24	0	23	3
June 2	1	June 1	8	31	2	30	1
9	1	8	6	June 7	2	June 6	0
16	0	15	4	14	6	13	0
23	1	22	2	21	6	20	0
30	1	29	2	28	4	27	0
July 7	0	July 6	5	July 5	1	July 4	0
14	1	13	1	12	5	11	0
21	0	20	0	19	4	18	1
28	1	27	4	26	4	25	0
Aug. 4	3	Aug. 3	3	Aug 2	2	Aug. 1	0
11	2	10	5	9	6	8	0
18	1	17	0	16	0	15	0
25	0	24	5	23	3	22	1
Sep. 1	0	31	3	30	1	29	0
8	2	Sep. 7	2	Sep. 6	0	Sep. 5	0
15	0	14	3	13	6	12	0
22	0	21	2	20	2	19	0
29	0	28	3	27	2	26	0
Oct. 6	3	Oct. 5	3	Oct. 4	5	Oct. 3	0
13	4	12	3	11	2	10	0
20	2	19	1	18	1	17	0
27	6	26	3	25	2	24	0
Nov 3	10	Nov 2	3	Nov 1	2	31	0
10	1	9	0	8	1	Nov 7	0
17	6	16	1	15	1	14	0
26	4	23	3	22	1	21	0
Dec. 1	2	20	0	29	4	28	0
8	4	Dec. 7	2	Dec. 6	10	Dec. 5	2
15	1	14	4	13	2	12	1
22	1	21	1	20	6	19	0
29	2	28	1	27	3	26	0

# Weekly Notification of Scarlet Fever during Eight Years.

1904.		1905.		1906.		1907.	
Week ending	Cases						
Jan. 2	1	Jan. 7	7	Jan. 6	3	Jan. 5	14
9	0	14	1	13	4	12	6
16	0	21	1	20	9	19	11
23	0	28	5	27	3	26	13
30	0	Feb. 4	4	Feb. 3	8	Feb. 2	12
Feb. 6	0	11	4	10	3	9	13
13	0	18	2	17	0	16	14
20	0	25	4	24	3	23	16
27	0	Mar 4	1	Mar 3	3	Mar 2	12
Mar 5	3	11	1	10	2	9	16
12	1	18	0	17	2	16	13
19	0	25	1	24	6	23	7
26	1	Apr. 1	0	31	12	30	4
Apr. 2	0	8	5	Apr. 7	4	Apr. 6	4
9	0	15	5	14	5	13	1
16	0	22	0	21	4	20	1
23	0	29	1	28	2	27	1
30	0	May 6	0	May 5	3	May 4	2
May 7	1	13	8	12	1	11	3
14	0	20	4	19	2	18	2
21	1	27	1	26	1	25	2
28	0	June 3	0	June 2	0	June 1	2
June 4	2	10	1	9	0	8	1
11	1	17	0	16	2	15	5
18	0	24	1	23	1	22	5
25	0	July 1	1	30	0	29	0
July 2	0	8	0	July 7	2	July 6	1
9	0	15	2	14	3	13	2
16	0	22	0	21	2	20	1
23	1	29	1	28	1	27	2
30	0	Aug. 5	1	Aug. 4	3	Aug. 3	1
Aug. 6	0	12	3	11	0	10	0
13	0	19	0	18	2	17	0
20	1	26	4	25	0	24	0
27	0	Sep. 2	2	Sep. 1	1	31	0
Sep. 3	0	9	0	8	0	Sep. 7	0
10	0	16	0	15	4	14	0
17	0	23	0	22	3	21	0
24	0	30	4	29	2	28	0
Oct. 1	6	Oct. 7	0	Oct. 6	8	Oct. 5	1
8	3	14	3	13	4	12	1
15	4	21	1	20	3	19	2
22	4	28	2	27	4	26	0
29	2	Nov 4	0	Nov 3	1	Nov 2	0
Nov 5	18	11	4	10	6	9	0
12	7	18	3	17	6	16	0
19	8	25	1	24	7	23	0
26	4	Dec. 2	2	Dec. 1	13	30	0
Dec. 3	6	9	2	8	11	Dec. 7	0
10	4	16	4	15	7	14	0
17	3	23	1	22	15	21	2
24	3	30	7	29	13	28	1
31	3						

GLOSSOP URBAN SANITARY AUTHORITY.

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# ANNUAL REPORT

OF THE

# Medical Officer of Health

## For the Year, 1907.

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To the Mayor, Aldermen, and Councillors of the Borough of Glossop.

GENTLEMEN,

At the commencement of a new year I again beg leave to present to you my Report of the Sanitation of the Borough.

In the early part of the year under consideration the most striking feature in the sanitary history of the place was the severe epidemic of SCARLET FEVER, which beginning in November, 1906, continued up to April, 1907. I am happy to say that the close of the year has been marked by a very low prevalence of the disease.

The total number of cases in 1907 was 189, against 208 in 1906; 106 in 1905; 87 in 1904; 44 in 1903; 118 in 1902; 160 in 1901; 91 in 1900; 56 in 1899; and 249 cases in 1898.

There were 128 cases sent to Hospital, against 135 in the previous year, and 75 in 1905.

There were 8 deaths of which 3 occurred in Hospital.

On January 26th, 1907, I presented you with a Special Report on the epidemic then prevailing, and I do not think it necessary to recapitulate what was stated in that report, with the exception of a sentence on the fourth page, which reads :—

“The Inspectors have worked very hard, and deserve all credit for having done so.”

And the closing sentences of the report :—

“Then, as to return cases, I may explain that when due care is taken in discharge of patients to send them out at the right time, with uninfected clothes, infection conveyed on return is almost certainly due to their ears, noses, throats, &c., being infected from surrounding cases. Some think the liability to this is increased by their being kept too long in the Hospital.

I think we at Gamesley are exceptionally free from return cases, because the convalescents can play round the Hospital and in the adjoining wood, and have the cavities mentioned disinfected by fresh air.

During the last couple of months the severity of the weather has been such that the children have hardly been able to play outside at all, and the Hospital has been crowded, yet out of 32 houses to which patients were returned between

October 28th, 1906, and January 12th, 1907, and 5 to which they were returned between January 12th, 1907, and January 19th, 1907, we can at this date, January 26th, 1907, only point to one house in which it is probable that infection was conveyed.

The Matron and Nurses have been very hard worked, but there is really no room for additional staff.

I am pleased to add that all at the Hospital have risen to the occasion in a very remarkable manner.

In conclusion, let us hope for a speedy arrest of the epidemic."

We have no other case to record in which infection was carried back to the home during the year 1907.

Dr. Barwise points out that catching cold on discharge may lead to multiplication of germs in the throat and consequent conveyance of infection.

As to our hopes for arrest you may see by the Tables that in April we got back to a state of one fresh case per week.

In June there was an outbreak in Hadfield, which seemed to be definitely connected with one school. The school was ordered to be closed from June 20th to July 8th, and thorough disinfection was directed. The results seemed to be excellent.

In October three cases occurred in Hadfield in close proximity to one another, which seemed to be due to importation. The patients were removed to Gamesley Hospital, and no further cases occurred in that neighbourhood.

A discussion has recently arisen on the propriety of, or necessity for sending cases to hospital, and in that connection I have had an extract from my report for 1905 printed and distributed to the members of the Local Authority. It does not seem necessary to repeat it.

A noticeable thing with regard to our epidemic of Scarlet Fever in 1906-1907 was that the death-rate from Diarrhœa was heavier in 1906 than it had been for six years, and that 12 of the 24 deaths from Diarrhœa occurred in September and 5 in October. Alongside of these facts let us place another fact (which may be verified from the Tables), that the weekly numbers of new cases of Scarlet Fever began to increase in September and October. Is it possible that the morbid agent of Diarrhœa has a depressing effect upon the children, even when it does not cause Diarrhœa, which leaves them open to the attack of Scarlet Fever? Does this at all account for the greater prevalence of Scarlet Fever in this country in October, when the period for Autumnal Diarrhœa is about over? Is there some other agency at work in the different climate of New York which leads to the greater prevalence of Scarlet Fever in that city in the Spring months?

There is no doubt that in preventing epidemics we have two points to study: on the one hand, to improve the stamina of the children by hygienic measures; and, on the other, to remove the danger of infection by efficient isolation.

#### DIPHTHERIA AND MEMBRANOUS CROUP.

There were 7 cases of Diphtheria in 1907, against 18 in 1906; 10 in 1905; 25 in 1904; and 22 cases of Diphtheria and 8 of Membranous Croup in 1903.

There were no deaths in 1907.

There were 4 Deaths in 1906.

I think the use of Anti-toxin has now become an established method of treatment in these diseases.

### TYPHOID FEVER.

We had 4 cases of Typhoid Fever in 1907, against 14 in 1906; 14 in 1905; 14 in 1904; 19 in 1903; 37 in 1902; 22 in 1901; 34 in 1900; 45 in 1899; and 85 in 1898.

One case was removed to Hospital in 1907.

There was one death.

In his report for 1898, Dr. Barwise thus enumerates the preventive measures for Typhoid Fever:—

- (1) The adoption of water closets.
- (2) The paving of back yards.
- (3) The separate collection and destruction by burning, or the application of chloride of lime, of the excreta of Typhoid patients.

Burning is, of course, the most effective measure.

The general adoption of ash-bins and the abolition of rubble drains, and defective pipe drains, are other measures of importance.

We supply special pails in most cases for the excreta of Typhoid cases, and destroy infected beds.

The disinfection of houses in which notifiable diseases had occurred has been attended to by the Inspectors.

Facilities are afforded by the kindness of the County Council for bacteriological examination at Birmingham in aid of diagnosis of Diphtheria and Typhoid Fever.

### WEEKLY RECORD OF NOTIFIABLE DISEASES

#### DURING THE YEAR 1907.

Week ending	Scarlet Fever.	Diphtheria.	Membranous Croup.	Typhoid Fever.	Puerperal Fever.	Erysipelas.
January 5th	...	14	...	1	...	0
„ 12th	...	6	...	0	...	0
„ 19th	...	11	...	0	...	1
„ 26th	...	13	...	0	...	1
February 2nd	...	12	...	0	...	0
„ 9th	...	13	...	0	...	0
„ 16th	...	14	...	0	...	2
„ 23rd	...	16	...	0	...	0
March 2nd	...	12	...	0	...	0
„ 9th	...	16	...	0	...	1
„ 16th	...	13	...	0	...	0
„ 23rd	...	7	...	0	...	1
„ 30th	...	4	...	1	...	0
April 6th	...	4	...	0	...	0
„ 13th	...	1	...	0	...	0
„ 20th	...	1	...	1	...	0
„ 27th	...	1	...	0	...	0
May 4th	...	2	...	0	...	0
„ 11th	...	3	...	1	...	0
„ 18th	...	2	...	0	...	1
„ 25th	...	2	...	0	...	0

Week ending		Scarlet Fever.	Diphtheria.	Membranous Croup.	Typhoid Fever.	Puerperal Fever.	Erysipelas.
June 1st	...	2	...	1	0	0	1
,, 8th	...	1	...	0	0	0	1
,, 15th	...	5	...	0	0	0	0
,, 22nd	...	5	...	0	0	0	0
,, 29th	...	0	...	0	0	0	0
July 6th	...	1	...	0	0	1	0
,, 13th	...	2	...	0	0	0	0
,, 20th	...	1	...	0	0	1	1
,, 27th	...	2	...	0	0	0	2
August 3rd	...	1	...	0	0	0	0
,, 10th	...	0	...	0	0	0	0
,, 17th	...	0	...	0	0	0	0
,, 24th	...	0	...	0	0	0	1
,, 31st	...	0	...	1	0	0	0
September 7th	...	0	...	0	0	0	0
,, 14th	...	0	...	0	0	0	0
,, 21st	...	0	...	0	0	0	0
,, 28th	...	0	...	0	0	0	0
October 5th	...	1	...	0	0	0	1
,, 12th	...	1	...	0	0	0	1
,, 19th	...	2	...	0	0	0	0
,, 26th	...	0	...	0	0	0	0
November 2nd	...	0	...	0	0	0	0
,, 9th	...	0	...	0	0	0	0
,, 16th	...	0	...	0	0	0	1
,, 23rd	...	0	...	0	0	0	0
,, 30th	...	0	...	0	0	0	0
December 7th	...	0	...	0	0	0	0
,, 14th	...	0	...	0	0	0	0
,, 21st	...	2	...	0	0	0	1
,, 28th	...	1	...	0	0	0	0

## MEASLES.

A wave of this disease approached your borders at Waterside in October, and passed over Hadfield and Padfield. The schools had to be closed in succession.

St. Charles School situated in proximity to Waterside was closed from October 16th to November 11th.

Waterside Infant School was closed from October 30th to December 24th.

The Infant Department of St. Andrew's School was closed from November 19th to December 24th.

Padfield School was closed from December 5th to December 24th.

Hadfield Council School was closed from December 6th to December 24th.

All the Schools were well cleaned down and all except St. Charles' were fumigated. St. Charles' is not favourably constructed for fumigation.

There were 2 deaths from the disease.

Dr. Widowitz, of Graz, in Styria in Austro-Hungary, has proposed a method for arresting measles in a school, when it has not yet assumed epidemic proportions. The proposal was previously made by Casper. He proposes that those school classes in which the first case occurs, should be closed for five days from the ninth day after the sickening of the first child. Of course this is in order that any cases infected by the first case may be known and excluded. I do not know that this method has yet been tried

in this country, and it would require earlier information than, as a general rule, we as yet receive. The experience at Graz seems to be favourable.

### WHOOPING COUGH.

This disease prevailed chiefly I think in St. James' in July, August, and September.

In the close of the year it prevailed in Hadfield along with measles.

### DIARRHŒA AND ENTERITIS.

The deaths from these diseases during seven years were as follows:—

	Diarrhœa.	Enteritis.
1900 .....	3 .....	11
1901 .....	4 .....	12
1902 .....	1 .....	5
1903 .....	6 .....	4
1904 .....	13 .....	10
1905 .....	7 .....	8
1906 .....	24 .....	2
1907 .....	11 .....	5

The disease is called Diarrhœa when it seems to be of an epidemic character, and Enteritis when it is believed not to be so.

The dates of Deaths in 1907 were as follows:—

Diarrhœa.	Enteritis.
January 13th.	January 26th.
February 1st.	July 4th.
April 22nd.	July 27th.
June 10th.	September 13th.
August 27th.	November 25th.
October 15th.	
,,      19th.	
,,      24th.	
November 21st.	
December 8th.	
,,      15th.	

They occurred in widely distributed situations and in various qualities of property.

It was held by Ballard that Diarrhœa mortality did not begin to increase until the four-foot earth thermometer registered  $56^{\circ}$ , and that it was highest when the reading was highest.

From earth thermometer readings kindly lent me by R. H. Dickinson, Esq., of the Glossop Technical School, it would seem that during the year 1907 the four-foot earth thermometer never reached  $56^{\circ}$ , and attained its highest  $55^{\circ}$  in the middle of August, and again in the end of September, and the beginning of October.

The dates given above indicate that Diarrhœa did not become epidemic in 1907, but that most cases occurred in October.

Of course the commencement of the disease would be a variable time before the fatal issue.

The prevailing opinion nowadays is that Diarrhœa is most prevalent in dry, warm weather with dust and flies. From the numbers of rainfalls to be seen in a subsequent table, it may be seen that the rainfall in September was low, the lowest in the year. It may be remembered that in the end of September, we had fairly hot weather, with some flies. I think there was an unusual number of gnats. I do not know that they are necessarily associated with Diarrhœa.

In the beginning of October there seemed to be a good deal of Indigestion with more or less Diarrhœa amongst grown-up people.

Epidemic Diarrhœa of a fatal type is especially prevalent amongst infants, and most amongst hand-fed infants.

There is no doubt that contamination of milk is the chief cause of Diarrhœa amongst children. The breast-fed child gets the milk as a rule fairly pure from its mother's breast. Milk is the best food for the hand-fed child, but its milk is in danger of contamination with disease germs or germs of decomposition. I gave in my Annual Report for 1906 a list of the sources from which the milk of the hand-fed, and the breast-fed infant respectively may be infected.

1906 was a heavy year for Diarrhœal mortality. 1907 was not a heavy year, but I have been led to give more prominence to the subject because municipal milk supply has been under discussion. The discussion of legal powers for municipal milk supply I leave to more competent men.

Now, I think municipal milk supply is a good thing, or a bad thing according to how it is worked. I suppose the generally accepted idea of municipal milk supply is, that the milk should be

sterilized or Pasteurised in bottles, which are closed, and only opened again to apply a teat for a baby to suck, or to be poured into a vessel for immediate use by an adult.

To quote Dr. G. Newman, now of the Board of Education : "Sterilisation means the use of heat at or above boiling-point, or boiling under pressure." Such treatment if sufficiently long continued or repeated for shorter periods destroys germ life. There is no doubt, however, that such a proceeding somewhat impairs the nutritive value of the milk, and makes it for the generality of people less pleasant to take. To meet this difficulty Pasteurising has been introduced. The milk is heated to a temperature of about  $160^{\circ}$ , and kept at that temperature for from twenty minutes to half-an-hour. By this process it would seem that disease germs, and most of the other germs are destroyed without materially altering the milk.

A system of municipal milk supply could no doubt do all this, but there are certain dangers to be guarded against.

In the first place mothers may think because they can get milk under municipal guarantee that they need not give the breast to the baby. A process of humanising or assimilating the milk to human milk may be gone through in addition to Pasteurising, but no substitute can equal the milk of a healthy mother.

A prudent manager of the milk dépôt may be able to persuade them *not* to have even municipal milk for their babies, when they can give the breast.

A second danger may be understood from the fact that although sterilising, and to a certain extent Pasteurising may prevent further decomposition in the milk, they can not be trusted to remedy the effects of decomposition that has already taken

place in the milk. Hence the necessity that under municipal management the sources of milk, and the milk itself as supplied should be watched with extreme care.

If the milk is supplied by a number of small farmers, and the different milks are poured together in a common receptacle, the responsibility of the individual farmer is at an end, and the responsibility of the municipality rather acutely commences.

Healthy cows, and cleanliness are the great things, and, of course, not to keep the milk too long.

In fact, if we could guarantee *perfectly* healthy cows, *perfectly* cleanly milking, *immediate* cooling and sealing up in *clean* receptacles not to be opened again until it is about to be used, the milk would, I think, be better not heated.

To quote Dr. Newman again :—

“ Briefly, it may be said that the requirement is a pure milk supply, that is :—

(1) A clean, whole milk, unsophisticated, and without preservation ;

(2) To be derived from healthy cows, guaranteed free from tuberculosis by the tuberculin test; and living under clean and sanitary conditions ;

(3) To be obtained by clean methods of milking, to be strained, and to be protected from contamination by dust or dirt, or from infection by disease of milker ;

(4) To be kept cool by means of refrigeration from the time it leaves the cow to the time it reaches the consumer, and not to be exposed to dust or uncleanliness in any way from the vessels in which it is placed, or from the persons by whom it is handled."

Until we had attained to such measures of perfection, I fear we should have to sterilise or Pasteurise the milk.

#### ZYMOTIC DEATH RATE (for 10 Years).

The diseases contributing to the zymotic death-rate are:—

1 Small-pox ; 2 Scarlet Fever ; 3 Diphtheria and Membranous Croup ; 4 Typhoidal Fevers ; 5 Measles ; 6 Whooping Cough ; 7 Diarrhœa.

1898	...	...	...	...	...	2·4
1899	...	...	...	...	...	1·1
1900	...	...	...	...	...	0·7
1901	...	...	...	...	...	0·6
1902	...	...	...	..	..	2·5
1903	...	...	...	...	...	1·0
1904	...	...	...	...	...	1·9
1905	...	...	...	...	...	0·8
1906	...	...	...	...	...	2·2
1907	...	...	...	...	...	1·4

#### PHTHISIS AND OTHER RESPIRATORY DISEASES.

The deaths during seven years were as follows:—

	1901	1902	1903	1904	1905	1906	1907
Phthisis	...	31	37	39	24	33	31
Bronchitis	...	33	34	28	39	37	21
Pneumonia	...	25	34	17	29	32	35
Pleurisy	...	3	0	4	3	2	0
Other Respiratory Diseases	...	3	6	1	2	2	0

The Phthisis death-rates for the seven years were: 1.44 in 1901; 1.71 in 1902; 1.81 in 1903; 1.11 in 1904; 1.53 in 1905; 1.44 in 1906; 1.14 in 1907.

In order that you may study the relation of rainfall to respiratory diseases, I present you the following table, the rainfall numbers in which were kindly supplied by Mr. Garner, of the Waterworks:—

#### RAINFALL AND RESPIRATORY DISEASES IN 1907.

	Rainfall in Inches.	Phthisis or Con- sumption.	Bronchitis:	Pneumonia.	Pleurisy.
January	... 1.97	3	... 8	... 2	... 0
February	... 2.50	4	... 4	... 2	... 1
March	... 3.37	1	... 5	... 2	... 0
April	... 2.84	5	... 4	... 1	... 1
May	... 3.92	5	... 5	... 4	... 0
June	... 6.23	1	... 1	... 1	... 0
July	... 2.83	1	... 0	... 2	... 0
August	... 4.62	2	... 1	... 1	... 0
September	... 0.77	1	... 0	... 2	... 0
October	... 6.42	0	... 2	... 0	... 0
November	... 3.87	1	... 5	... 3	... 0
December	... 3.20	1	... 5	... 6	... 1

It should be remembered that Phthisis or Consumption is an infectious disease, that matters expectorated by consumptives are infectious and should be burned, and that homes in which consumptives have resided should be disinfected.

In my report for 1902, I gave the following list of agents for prevention of Phthisis:—

1—Drainage, especially of sites of houses.

2—Concreting basements of houses.

3.—Ventilation of houses and workshops.

4—Free access of light into houses by ample window-space, &c.

5—Avoidance of dark and ill-ventilated corners in houses.

6—Open spaces round houses giving free access of light and air.

7—Commodious and well-built houses.

8—Cleanliness of houses and places of resort.

9—Substitution of wet cleaning for dry cleaning, to prevent dust flying about.

10.—Collection and destruction of sputum.

11—Disinfection of houses, especially after death or removal of a tuberculous patient.

12—Isolation of patients in sanatoria.

13—Boiling of Milk.

14—Thorough cooking of meat.

15—Adoption of bye-laws under the Dairies, Cowsheds, and Milk-shops Order.

16—Inspection of Dairies, Cowsheds, and Milk-shops.

17—Destruction of diseased meat.

18—Seizure of Milch Cows with diseased udders.

19—Cleanliness, air space, and ventilation in Cowsheds.

20—Not allowing diseased persons to deal with cows or milk.

21—The adoption of the Scotch Oath in courts of law and Individual Communion Cup in churches and chapels.

ADOPTED ACTS AND BYE-LAWS RELATING  
TO SANITATION.

The Infectious Diseases Notification Act (1889), the Infectious Diseases Prevention Act (1890); and the Public Health Amendment Act (1890), are in force in the Borough.

BYE-LAWS RELATING TO SANITARY MATTERS.

(1) New Streets and Buildings. . . . .	9th November, 1892
(2) Alterations of Buildings . . . . .	Do.
(3) Nuisances . . . . .	Do.
(4) Decent conduct of Persons using Sanitary Conveniences . . . . .	Do.
(5) Common Lodging Houses . . . . .	Do.
(6) Slaughter Houses . . . . .	Do.
(12) Pleasure Grounds . . . . .	11th September, 1895
(13) Public Baths . . . . .	18th December, 1895
(15) Dairies, Cowsheds, and Milkshops . . . . .	25th February, 1903
(16) Offensive Trades . . . . .	25th February, 1903
(17) Good Rule and Government of the Borough of Glossop and Prevention of Nuisances . . . . .	18th May, 1904

I now present you with copies of the Tables prepared by order of the Local Goverment Board.

TABLE I.

## Vital Statistics of Whole District during 1907 and previous Years.

NAME OF DISTRICT—GLOSSOP URBAN.

YEAR.	BIRTHS.		Total Deaths Registered in the District.			Deaths of Non-residents Registered in Public Institutions in the District.			Deaths of Residents registered in Public Institutions beyond the District.			Nett Deaths at all Ages Belonging to the District.			
	Population estimated to Middle of Year.	Number.	Under One Year of Age.		At all Ages.		Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.	
			Rate per 1000 Births Registered.	Number.	Rate per 1000 Births Registered.	Number.									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1897	21881	604	27.6	103	170.5	463	21.1	...	...	...	...	...	...	...	
1898	21793	580	26.6	104	179.3	436	20.0	...	...	...	...	...	...	...	
1899	21704	522	24.0	83	159.0	407	18.7	...	...	...	...	...	...	...	
1900	21615	544	25.1	69	126.8	386	17.8	33	4	6	388	17.9	368	17.1	
1901	21526	494	22.9	81	163.9	366	17.0	25	2	4	400	18.5	369	17.1	
1902	21526	461	21.4	67	145.3	402	18.6	37	3	1	351	16.3	360	16.7	
1903	21526	519	24.1	74	142.5	366	17.0	45	2	5	387	17.9	352	16.14	
1904	21526	442	20.5	72	162.9	346	16.0	35	1	6	375	17.5	352	16.14	
1905	21526	484	22.4	66	136.3	356	16.5	42	4	8	387	17.9	352	16.14	
1906	21526	482	22.3	70	145.2	382	17.7	41	3	8	375	17.5	352	16.14	
Averages for years 1896-1907		21615	513	23.7	79	153.1	391	18.0	37	2.5	5	375	17.5	352	16.14
1907	21800	470	21.56	63	134.0	348	15.96	36	2	6	352	16.14			

TABLE II.

Vital Statistics of Separate Localities in 1907  
and previous years.

NAME OF DISTRICT—BOROUGH OF GLOSSOP.

YEAR.	NAMES OF LOCALITIES.	All Saints' Ward.	Population estimated to middle of each year.	Deaths at all Ages.	St. James' Ward.	Population estimated to middle of each year.	Deaths at all Ages.	Hadfield Ward.	Population estimated to middle of each year.	Deaths at all Ages.
1897	...	...	6420	153	8371	141	7091	125		
1898	...	...	6417	116	8379	163	6997	127		
1899	...	...	6414	106	8387	159	6903	98		
1900	...	...	6411	127	8395	133	6809	126		
1901	...	...	6408	114	8403	134	6715	118		
1902	...	...	6408	142	8403	164	6715	94		
1903	...	...	6408	116	8403	137	6715	114		
1904	...	...	6408	104	8403	124	6715	123		
1905	...	...	6408	108	6403	140	6715	112		
1906	...	...	6408	137	8403	149	6715	99		
Average of years 1897 to 1906		6411		122	8395	144	6809	113		
1907	...	...	6432	96	8503	139	6865	115		

TABLE III.

## Cases of Infectious Disease Notified during the year 1907.

NAME OF DISTRICT—GLOSSOP URBAN.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.					NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.									
	At all Ages.	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and up- wards.	All Saints'.	St. James'.	Had- field.	All Saints'.	St. James'.	Had- field.	Total cases re- moved to Hospit.)	
At Ages—Years.															
Diphtheria (in- cluding Mem- branous Croup	7	1	3	1	1	...	1	...	2	2	3	...	...	...	...
Erysipelas	17	...	...	1	...	11	5	9	4	4	...	...	...	...	...
Scarlet Fever	189	...	67	97	21	4	...	42	71	76	33	47	48	128	
Enteric Fever	4	...	...	1	1	2	...	2	...	2	...	...	1	1	
Puerperal	...	1	...	...	...	...	1	...	1	...	...	...	...	...	
Totals	218	1	70	100	23	19	5	55	78	85	33	47	49	129	

TABLE IV. Causes of, and Ages at, Death during year 1907.

NAME OF DISTRICT—GLOSSOP BOROUGH.

CAUSES OF DEATH.	Deaths at the subjoined ages of Residents whether occurring in or beyond the District.						Deaths in or belonging to Localities (at all ages).			
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	All Saints'.	St. James'.	Hadfield.
Measles ...	2	...	1	1	...	...	...	1	2	2
Scarlet Fever ...	8	...	6	1	1	...	5	4	5	...
Whooping Cough ...	10	...	7	3	...	1	1	1	1	...
Enteric Fever ...	1	...	1	2	...	1	...	...	...	...
Epidemic Influenza ...	2	...	11	11	1	1	1	2	3	...
Diarrhoea ...	11	...	5	...	1	1	1	2	2	...
Enteritis ...	5	...	1	...	...	1	...	1	...	...
Puerperal Fever ...	1	...	1	...	...	1	...	1	1	1
Erysipelas ...	2	...	1	...	1	...	1	1	1	1
Other Septic Diseases ...	25	...	1	1	2	6	17	2	5	11
Phthisis (Pulmonary Tuberculosis) ...	10	...	1	...	1	1	5	...	2	5
Other Tubercular Diseases ...	33	...	10	...	2	...	11	13	9	11
Cancer, malignant disease ...	40	...	9	5	1	...	18	15	13	12
Bronchitis ...	26	...	3	...	1	...	10	3	6	12
Pneumonia ...	3	...	3	...	1	...	1	3	1	8
Pleurisy ...	6	...	1	3	...	1	...	1	3	2
Alcoholism—Cirrhosis of Liver ...	...	...	...	...	...	...	...	...	...	...
Venerereal Diseases ...	...	...	3	3	...	...	1	1	1	1
Premature Birth ...	2	...	...	...	...	2	1	1	2	2
Diseases and Accidents of Parturition ...	42	...	...	...	...	1	16	23	14	17
Heart Diseases ...	...	...	3	3	...	...	...	...	...	4
Accidents ...	...	...	3	3	...	1	1	1	2	1
Suicides ...	...	...	3	3	...	1	1	2	1	0
Rheumatic Fever ...	6	...	...	...	1	1	1	3	2	1
All other Causes ...	106	...	22	3	...	4	36	41	23	50
All Causes ...	352	63	23	11	15	132	108	96	139	115
										36

N.B.—There are no Deaths in the Columns—Small-Pox, Typhus Fever, Other Contagious Diseases, Cholera, Plague, or Other Diseases of Respiratory Organs.

## TABLE V.

## Infantile Mortality during the year 1907.

DEATHS FROM STATED CAUSES IN WEEKS AND MONTHS UNDER ONE YEAR OF AGE.

CAUSE OF DEATH.	Total Deaths under 1 year.		Total Deaths under 1 year.		Total Deaths under 1 year.	
	1-12 months.	11-12 months.	1-11 months.	11-12 months.	1-10 months.	10-11 months.
Whooping Cough	...	...	7	3	2	7
Diarrhoea	...	...	3	2	2	3
Enteritis	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...
Premature Birth	...	2	1	1	1	1
Congenital Defects	...	2	1	1	1	1
Atrophy, Debility, Marasmus	...	...	4	1	1	1
Other Tuberculous Diseases	...	...	3	1	1	1
Meningitis (not Tuberculous)	...	...	...	...	...	...
Convulsions	...	1	1	2	1	1
Bronchitis	...	...	1	2	1	1
Pneumonia	...	...	1	1	1	1
Other causes	...	...	1	1	1	1
<b>TOTALS</b>	...	5	2	4	3	4
			6	10	5	4
			3	6	3	3
			3	3	3	63

N.B.—There are no deaths in the columns—Small-pox, Chicken-pox, Measles, Scarlet Fever, Diphtheria, Injury at Birth, Want of Breast-milk (Starvation), Tuberculous Meningitis, Tuberculous Peritonitis, Breasts-milk (Syphilis, Rickets, Laryngitis, or Suffocation (overlying).

## BIRTH AND DEATH RATES.

The births during 1907 were 235 boys and 235 girls, making a total of 470.

The nett deaths were 352, giving a difference of 118.

This gives a natural rate of increase of 0.541 per cent., as against 0.441 in 1906; 0.576 in 1905; 0.422 in 1904; 0.696 in 1903; 0.283 in 1902; and 0.585 in 1901.

Between 1891 and 1901 the population had decreased by 890. This was chiefly accounted for by stoppage of machinery in Hadfield. Since the census, however, trade has revived in Hadfield, and after consultation with the gentlemen who collect the rates (to whom my thanks are due), I came to the conclusion that the population of the Borongh might be increased to 21,800. This was the the conclusion come to by those gentlemen after consideration of the houses occupied.

We appportion the increase thus:—

	Census	1907
	Population.	Population.
The Borough	... 21,526	... 21,800
All Saints	... 6,408	... 6,432
St. James'	... 8,403	... 8,503
Hadfield	... 6,715	... 6,865

This gives us:—

Population	...	...	...	21,800
Birth Rate	...	...	...	21.56
Infantile Death Rate	...	...	...	134.04
General Do.	...	...	...	16.14
All Saints' Do.	...	...	...	14.92
St. James' Do.	...	...	...	16.34
Hadfield Do.	...	...	...	16.75

## OCCUPATION OF INHABITANTS.

The people of Glossop are chiefly employed in cotton spinning and weaving in large mills, and in paper making, and calico printing. Confinement in mills has a debilitating effect on some.

## HOUSE ACCOMMODATION.

The cottage property in the district, with a few exceptions, is fairly good.

## SEWAGE DISPOSAL.

Your sewage scheme is doing a good work.

## WATER SUPPLY.

You have obtained the use of an additional Reservoir, which puts us in a better position for the present, but in case of general adoption of water closets, it is probable that more will be ultimately required.

## HOSPITAL ACCOMMODATION.

There is an excellent General Hospital, provided by the munificence of the late Mr. Daniel Wood.

The Convalescent Hospital and Nurses Home being built and endowed through the kindness of Alderman Partington, rapidly approaches completion.

The Infectious Hospital at Gamesley has been considerably enlarged of recent years.

## SCHOOLS.

The Schools are I think in good sanitary condition, but will no doubt be more particularly examined by the Medical Officer of Schools.

In February the attention of the Education Authority was called to the condition of one of the playgrounds, and it was rectified.

During the year I paid some visits on suspicion of Scarlet Fever, and one on suspicion of Small-pox. I am happy to say the case did not turn out to be Small-pox.

I also personally investigated several nuisances.

I am, Gentlemen,

Yours truly,

**DUNCAN J. MACKENZIE, M.D.**

*Glossop,*

*February 11th, 1908.*

THE TWENTY-NINTH  
YEARLY REPORT  
OF THE  
**INSPECTOR OF NUISANCES**  
FOR THE  
Year ending December 31st, 1907.

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To the Mayor, Aldermen, Councillors, and Burgesses of the  
Urban Sanitary Authority of the Borough of Glossop.

GENTLEMEN,

I herein submit to you a report of the work done by the  
Sanitary Department for the year ended December 31st, 1907.

SCAVENGING.

The present system is far from satisfactory, being still voluntary, which allows any person with a horse and cart to empty and remove without control, in any manner they think fit, without any disinfection whatever, the contents of ashpits and other refuse from any portion of the Borough. At the present time you have

provided horses and other necessary things, such as covered carts, etc., for the purpose of doing this class of work in a satisfactory manner; and yet you allow anybody to do the work anyhow, and provide them with tipping places free of charge, while your own horses have sometimes to remain idle, waiting for orders to come in for the emptying of ashpits. This waiting for orders upsets the whole machinery of organised scavenging and considerably adds to the cost of the work. The horses may be working in one district one day, and when they have been removed to another; someone finds out that their neighbour's ashpit was emptied yesterday and they give orders for theirs to be done also; which causes a great deal of unnecessary running about, and so a loss of time and money is caused by the system, or non-system, at present in vogue. The remedy is for the Authority to undertake *to do the whole of the work themselves and charge it on the rates as other towns do.* Then the work could be done systematically and regularly; each district being cleared at regular intervals, thus preventing large accumulations of house refuse and the nuisances caused thereby.

Three horses and eight men are now constantly employed during the night removing offal, excreta, and urine from sanitary pans provided for the reception thereof. After being emptied these pans are disinfected with carbolic powder.

The number of sanitary pans has increased from 2330 to 2375 this year. Fifty-one ashpits have been abolished during the year and ashbins substituted for them, making the total number of such bins in use to be 329 as against 278 last year. This is a step in the right direction. These bins are emptied periodically either weekly or fortnightly as required, at the charge fixed by the Authority viz., 3/3 for a cottage and 6/6 for a villa residence per annum, if emptied fortnightly. This work is done at a slight loss, but is a great gain in cleanliness.

The bulk of the offal, excreta, and urine collected by the department is carted in closed barrels to the sewage outfall works and is there dealt with by your Surveyor. I hope some day soon a better method of disposal will be found for this material, which is of great agricultural value, but which creates such a great nuisance wherever it is deposited in large quantities. The site of its present disposal is out of my jurisdiction, being outside the Borough for which I am thankful.

### THE INFECTIOUS DISEASES

notified to the department by the Medical Officer of Health during the year for inspection, disinfection, or removal to the Isolation Hospital were as follows:—

All Saints'	St. James'	Hadfield	Total.	Last Year.
Ward.	Ward.	Ward.		
55	...	78	...	218
			...	261

The decrease is caused by Scarlet Fever being less prevalent than last year. I am very pleased to be able to state that a new record has been created in the All Saints' and St. James' Wards during the year in the period of time in which no case of notifiable disease was recorded, for since April both these Wards have been almost free from any of the said diseases. Hadfield Ward has in a slighter degree kept up its reputation as being healthy.

Cases treated at Gamesley Isolation Hospital:

	All Saints'	St. James'	Hadfield	Total	Previous
	Ward.	Ward.	Ward.	Cases.	Year.
Scarlet Fever	33	...	47	128	135
Typhoid Fever	—	...	—	1	7
Small-pox	...	—	—	—	—
	—	—	—	—	—
Totals	33	...	47	129	142

The deaths at the Hospital have been one from Typhoid Fever (not many hours after removal to hospital), and three from Scarlet Fever complicated by other diseases.

The number of houses infected by notifiable diseases during the year was in All Saints' Ward, 48; in St. James' Ward, 73; and in the Hadfield Ward, 74; infected by 189 cases of Scarlet Fever; 2 cases of Enteric Fever; 7 cases of Diphtheria; 17 cases of Erysipelas; and 1 case of Puerperal Fever: making in all 218 cases in 195 houses. Several cases of Scarlet Fever occurred in the same house, mostly where cases were being nursed at home. Most people after trying to nurse a case at home and pretending to isolate it there, when they found that after a week or so had gone by, one or more of the other children had caught the disease, were only too glad to have them all removed to the Isolation Hospital. I think such people ought to be made to keep their children at home and be punished if they gave the disease to anyone else outside their own home; for it is provoking beyond measure to your officials when they have almost succeeded in stamping out an infectious disease in a district, to find some silly person or other who will persist, although they have no means of isolating the case, nor any desire to do so, in retaining it at home until the disease has spread again through their carelessness. Besides the better isolation obtained by removal of cases to the hospital, the patients treated there have a better chance of recovery.

During the year three deaths from Scarlet Fever occurred at the hospital out of 128 cases treated there, and five deaths occurred out of 61 cases that were treated at home, or say one out of 43 at the Hospital, and one out of 12 of those treated at home. This speaks for itself. Those cases kept at home generally being the mild ones.

The late outbreak of Scarlet Fever without a doubt proved conclusively to me that early removal of first cases from a house

usually prevented the disease from spreading any further. During the year 1906, Scarlet Fever cases were removed from 203 houses without any second case occurring in any of them, while 62 cases occurred in 26 houses mostly where cases were kept at home or were not notified until one or more of the inmates had caught the disease. This year, 1907, 32 houses had 61 cases of Scarlet Fever, while 136 houses had only one case of disease each, so the general result is the same as last year. *No genuine isolation of infectious disease can be had under the present conditions in which the working classes live.* The patient cannot have a separate room, nor can the nurse help getting in constant contact with the rest of the family who are generally workers in the mills and attend places of worship and recreation in the clothing that has very often been in contact with the patient or the person nursing it, generally with both ; and so the infection gets spread about into districts sometimes long distances apart when infectious cases are being treated at home. When the patient is removed to the Isolation Hospital, the greatest source of infection is taken away at once and means of disinfecting the place can be put into operation immediately and so greatly limiting the danger of infection being spread therefrom.

All the cases notified to the department were visited by myself or my assistant, most of them several times. Disinfection according to the instructions issued by the Medical Officer of Health was carried out in every case. The clothing was treated with a solution of carbolic acid and water, and all that could be were afterwards boiled. The houses, and those clothes that could not be washed, were disinfected with sulphur dioxide gas.

The general public, and especially that portion of it where infection occurred, were supplied with disinfectants and also with printed instructions how to use them. Verbal instructions at greater length were often given to persons who seemed to need them as well as the printed ones, so that a thorough knowledge of the reason for their use was sought to be given by your officials

to the persons who had charge of the infected houses and of patients suffering from infectious disease therein.

The librarians of the public libraries, the owners of laundries, and most of the pawnbrokers have been kept informed of the cases of infectious diseases so that the necessary precautions might be taken by them against the spreading of such diseases through these institutions.

The requirements at the hospital are the same as I reported to you last year, viz., bathroom and lavatories with w.c. for the Small-pox block. A new building for convalescent patients away from the other blocks. Better laundry arrangements and living accommodation for the staff, also better means for the disinfection of clothing, etc. at the hospital.

The hospital can accommodate 32 patients. During the year 129 patients were treated at the hospital.

The cost of the hospital for the year ending March 31st 1907, was as follows :—

	£	s.	d.
Cost of Land, Buildings, Repairs, etc. ...	42	11	0
Salaries and other Expenses ... ...	279	18	6
Maintenance of 142 Patients each 6 weeks in Hospital, including Drugs, Stimu- lents, and Conveyance ; Average 7/9 $\frac{3}{4}$ per week each ... ... ... ...	332	16	5
Maintenance of Six of the Staff at 7/6 per week each ... ... ... ...	117	0	0
 Total... ... ... ...	 £772	 5	 11

Rateable value of District, £78,789 to General District Rate.

Population estimated for 1907, 21,800.

This gives us the result that the maintenance of the hospital less charges to the capital, such as new extensions, etc., comes to about 1/- per year for each cottage, rated at £6 per annum, or a 1d. per month to each working-man ratepayer; and as each house on an average contains five persons (nearly), the cost per head is very small indeed. In my opinion the advantages derived far exceed the small amount that has to be paid to place them within the reach of the working classes, who benefit most from this Institution.

## NUISANCES AND ABATEMENT OF NUISANCES.

Area of Borough—Land, 3033 Acres; Water, 17 Acres;  
Total 3050 Acres.

Estimated Population, 1907	...	...	21,800
Inhabited Houses	...	...	4,980
New Houses erected during the year			29
General District Rate	...	...	2/8 in the £

	Informal Notices served by the Inspector.	Legal Notices served by the Authority.	Nuisances Abated.
Repaired Houses	...	17	—
Houses Closed as Unfit for Habitation	—	—	—
Infected Houses Disinfected	...	195	—

## Drainage—

No Disconnection of Waste Pipe...	...	70	—	70
Defective Traps, Inlets, and Drains	...	234	—	232
Drains Obstructed	...	53	—	53

	Informal Notices served by the Inspector.	Legal Notices served by the Authority.	Nuisances Abated.
<b>Closets and Ashpits—</b>			
Insanitary Privies & Ashpits	287	—	287
Insufficient Closet Accommo- dation ... ... ...	15	—	15
Conversion of Privies into W.C.'s ... ... ...	30	—	30
Defective Water Closets ...	15	—	15
<b>Other Defects—</b>			
Privies and Ashpits... ...	354	—	354
Surfaces of Courts & Yards	63	—	63
Eaves-spouts & Down-spouts	97	—	97
Urinals defective ... ...	11	—	11
Water Supply ... ...	2	—	—
Offensive Accumulations ...	1373	—	1373
Animals improperly kept ...	2	—	2
Pigsties ... ... ...	7	—	7
Smoke Nuisances ... ...	52	—	52
Overcrowding ... ...	2	—	2
Foul Condition of Houses ...	78	—	78
<hr/>			
<b>Totals</b> ...	<b>2957</b>	—	<b>2953</b>
<hr/>			

	Number on Register.	Inspections made.	Notices served.
Dairies, Cowsheds, & Milkshops	135	... 62	... 15
Bakehouses ... ... ...	35	... 70	... 3
Slaughterhouses ... ...	23	... 69	... 7
Offensive Trades ... ...	10	... 30	... 15
Common Lodging-houses ...	3	... 12	... 2
<hr/>			
<b>Totals</b> ...	<b>206</b>	<b>243</b>	<b>42</b>
<hr/>			

	Houses disinfected.	Beds destroyed.	Mattresses burned.
Action taken by Inspector against Spread of Infectious Disease	195	2	8
Samples of Water submitted for Analysis	...	Two, both returned as useable after being filtered.	

#### Other action taken—

Six Schools were well cleaned and disinfected as ordered by Medical Officer of Health, after being closed because of the prevalence of Measles or Scarlet Fever amongst scholars attending them.

The following articles have been taken for analysis during the year :—

Cheese	...	...	...	...	3
Butter	...	...	...	...	18
Lard	...	...	...	...	0
Milk	...	...	...	...	22
Coffee	...	...	...	...	5
					—
		Total...	...	48	—

All the samples were returned by the analyst as pure. In two of the cases he advised that the dealers should be cautioned as the milk sold was rather poor. The samples were taken by various agents ; some of them taken informally, so that the dealers could have no knowledge of the matter. Several samples of tinned or canned meats have been purchased and examined and a good many samples of milk have been privately tested and found good, in addition to the number of samples submitted to the analyst as above.

The number of beds destroyed	...	2
„ mattresses burned	...	8

These were destroyed at the request of the owners, who did not ask to be compensated.

The number of houses infected by Scarlet Fever, Enteric Fever, Diphtheria, Erysipelas, and Puerperal Fever during the year was 195, all of which were cleansed and disinfected. The Inspector or his assistant superintended each one ; the disinfectant used was sulphur dioxide gas. Until April a great deal of extra work was caused by the Scarlet Fever outbreak ; other things had to stand over for a while to be dealt with after the outbreak had abated.

About 3,200 loads of ashes and refuse have been removed from ashbins, ashpits, etc. by the department.

About 682 tons of excreta, urine, butchers' and fish-dealers' offal have been removed during the year.

The tip at Old Glossop has been soiled over ; and the tips at Pikes Lane, Simmondley Lane, Shaw Lane, and Woolley Bridge Road have partly been soiled over. This work is unremunerative and was done to find work for the horses when they were not otherwise employed. I am sorry that it could not have been spread over about four years instead of being done all in the present year.

2375 sanitary pails are periodically emptied by the department. 51 more dust-bins have been substituted for ashpits during the year. The number of these now in use and periodically emptied by the department is 329.

The water-carriage system is superior to the pail system, but cannot be adopted for lack of water either at Hadfield or Glossop under the present conditions.

#### DAIRIES AND COWSHEDS.

The present number of purveyors of milk, cow-keepers, and dairymen on the register is 135. Most of them reside out of the Borough, and so out of your jurisdiction. During the year 62 visits

have been made to those of them residing within the Borough ; 15 notices have been served for removal of nuisances and for the betterment of premises occupied as cowhouses. A great improvement is required in the conditions under which the cows are kept, and in the buildings too, as many of these are not in accordance with the bye-laws. The cow-keepers are much to blame for the dirty and unventilated condition of the cowhouses. They are quite satisfied to remove the excreta twice a day from behind the animals, just sweeping up afterwards, and then depositing it within a few yards outside the shippon. They never swill the floors nor groom the cows, but milk them when their flanks and legs are covered with dung. I also found where ventilation had been provided that most of the farmers had made up the same to prevent the cows catching colds from the draughts. They seem to think than an airy, clean cowhouse is detrimental to the health of the animals using and living therein ; and, of course, in their opinion, they know much better than your inspector how to treat their own cattle. *Yet to have a good, sound, and healthy milk supply, it is necessary above all things to have cowhouses as clean and as well-lighted and ventilated as are the farmers' own kitchens,* otherwise the cattle cannot be sound and healthy, nor the milk be as good as it ought to be.

I found the dairies well ventilated and clean at all the places I visited.

### BAKEHOUSES.

The number of these in the Borough (including domestic bakehouses) is 35. 70 visits have been made to them during the year. Several persons had to be cautioned about the condition of the floor and the limewashing. There are seven bakehouses in the Borough some portion of the premises of which is more than three feet below the adjoining ground, such places have to be classed as underground, I have no complaint to make about this class.

## SLAUGHTERHOUSES.

The number of slaughterhouses in the Borough is 23. 69 visits have been made to these during the year. The whole of them are kept fairly clean. I have caused two to be redrained and five limewashed.

## OFFENSIVE TRADES.

There are ten places coming under this description in the Borough. With one exception they are all connected with the tripe trade. 30 inspections have been made and 15 complaints laid mostly for allowing the offal to remain too long on the premises, all of which received attention.

## COMMON LODGING-HOUSES.

There are three of these registered in the Borough. They are under the supervision of the Chief Constable. I have made 12 visits to them during the year, and have caused two improvements to be made to the accommodation for sanitary purposes.

## SMOKE NUISANCES.

52 observations have been made during the year, and those offending have been cautioned. A great improvement has been made in the emission of black smoke.

## FACTORIES AND WORKSHOPS.

There are now 120 workshops and domestic workshops and 2 laundries and 63 factories on the register. To these places 253 visits have been made by myself or my assistant during the year. I have received through the Town Clerk six notices from H.M. Factory Inspector, of work requiring the attention of the Authority, all have been put right except one, which is receiving attention,

I have caused many improvements to be made in the ventilation, cleanliness, and sanitary conveniences of these places during the year.

### HOME WORK.

There is no home work within the meaning of the Act in this district.

### DRAINAGE.

By the kindness of your Surveyor I have been furnished with the following particulars. During the year two new sewers have been laid down ; 78 houses have been re-sewered ; 69 houses have been connected with the main sewer ; and 33 new houses and shops have also been connected therewith.

Your Surveyor and myself have been instructed to inspect the whole of the property in the Borough to ascertain which of it remains under the system of stone drainage : and also to report what sewers are yet required to effectually drain those portions of the Borough not yet sewer'd by a pipe sewerage system connecting with the main sewerage already laid down. This is a very big job and will take a considerable time before it can all be done ; however, we find that Simmondley is still unsewered and that subsidiary sewers are required at the rear of Station Road, Hadfield, and at the rear of Primrose Lane, Glossop, and at Smedley Place, off Hope Street, Glossop, as well as several lots of property at the extreme portions of the Borough.

I am, Gentlemen,

Your obedient Servant,

**SAMUEL DANE,**

*Bird Nest Cottage,  
Primrose Lane,  
Glossop.*

*Certified Inspector,  
Asso. Royal San. Inst.*



GLOSSOP URBAN SANITARY  
AUTHORITY.

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**SPECIAL REPORT**

OF THE

**Medical Officer of Health**

**On Glossop Death-Rate, 1906.**

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**PREPARED BY ORDER OF THE LOCAL AUTHORITY.**

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**GLOSSOP :**

JENKINSONS', PRINTERS AND STATIONERS, HIGH STREET WEST.

GLOSSOP URBAN SANITARY AUTHORITY.

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# SPECIAL REPORT

OF THE

## MEDICAL OFFICER OF HEALTH

ON GLOSSOP DEATH-RATE 1906.

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PREPARED BY ORDER OF THE LOCAL AUTHORITY.

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*To the Mayor, Aldermen, and Councillors of the Borough of Glossop.*

GENTLEMEN,

The Statement in Dr. Barwise's very able Report that the highest death-rate for 1906 in the Administrative County of Derby, was that of Glossop, has attracted some attention, and I have been asked for an explanation.

Dr. Barwise himself goes a good way towards the explanation when he says "It is a remarkable fact that the three districts with the highest rates, are the three adjoining districts in the north of the County with very similar social and industrial conditions."

The fact is that the districts to the North and West of the Peak are industrially more closely connected with Lancashire than with the rest of Derbyshire, and I think you will find later that Glossop compares favourably with Lancashire towns.

Of the three districts Glossop, New Mills and Hayfield in the High Peak Division mentioned as having the highest death-rate, Glossop, has more than twice the population of New Mills, and more than five times that of Hayfield, but all three are quite distinct from the agricultural districts and health resorts of Derbyshire. Clay Cross which divides the third place with Hayfield is in the Great Midland Coal Field, and is a Coal-mining district.

You may notice that the death-rate of Glossop is stated as 17.97 and the corrected death-rate 18.59.

Dr. Barwise very lucidly explains the method of obtaining the "Corrected Death-rate" at the commencement of his remarks on the death-rate of the County.

The "Crude Death-rate" is the actual death-rate, and the "Corrected Death-rate" is an estimate of what the death-rate would be if the proportion of people at different ages and of different sexes were the same as in the whole of England and Wales at the census of 1901. By this method most towns are handicapped.

No doubt the reason of this is that men and women of the working age go into towns to get work having passed the perils of infancy and childhood in the country. A few may go back to the country in their old age.

That manufacturing towns especially large ones have a greater mortality may be seen from the record of death-rates for 1906 in 76 large towns in England and Wales given by the Registrar General.

I quote death-rates in neighbouring large towns from a copy of his report for 1906, kindly sent me by Dr. Niven, of Manchester.

	Recorded Death-rate, 1906.	Corrected Death-rate, 1906.
Stockport .....	18.95	20.47
Preston .....	19.18	20.98
Oldham .....	18.75	21.08
Manchester .....	19.17	21.37
Burnley .....	19.55	22.04
Liverpool .....	20.64	22.09
Middlesbrough .....	20.34	22.15
Against these put Glossop.....	17.74	18.36

N.B.—17.97 is the nett death-rate after exclusion of non-residents and inclusion of residents dying elsewhere.

I have been asked to make a comparison between Glossop and neighbouring towns of somewhat the same size. For this purpose I have secured the loan of the report for 1906 of the Medical Officer for Cheshire from the Manchester Medical Society. Dr. Meredith Young, the Medical Officer for Stockport is generally kind enough to send me a copy of his report each year. The County Report for Lancashire for 1906, has, I believe not yet been issued, but by the kindness of Professor Delepine of Manchester University, I have obtained a Copy of the report for 1905.

I therefore tabulate the deaths in Dukinfield, Hyde, Stalybridge, Glossop and Stockport for 1906, and those of Ashton, Denton, Gorton, Mossley, Glossop and Stockport for 1905.

## 1906.

DISTRICT.	Area in Acres.	Population Census 1901.	Estimated Population 1906.	Birth Rate.	Death Rate.	Zymotic Death Rate.	Infantile Death Rate Per 1000 Births.
							176
From Dr. Vacher's 1906 Report :							
Dukinfield	...	...	1405	18929	19500	26.4	16.5
Hyde	...	...	...	3081	32766	22.9	15.9
Stalybridge	...	...	...	3130	27673	24.2	19.3
From Dr. Barwise's 1906 Report :							
Glossop	...	...	...	3052	21526	22.3	17.9
From Dr. Meredith Young's 1906 Report :							
Stockport	...	...	...	5485	—	26.9	21.0
							186

N.B.—The death-rates are Nett Death-rates, but not Corrected Death-rates.

The Stockport of the Registrar General, and the Stockport of the Medical Officer must be different in area.

# 1905.

DISTRICT.	Area in Acres.	Population Census, 1901.	Estimated 1905.	Birth Rate.	Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Respiratory.	Infantile Death Rate per 1000 Births.
From Dr. Sergeant's 1905 Report :									
Ashton-under-Lyne	... 1346	43890	44880	26.3	18.4	1.80	1.38	3.94	179
Denton	... 2591	14934	15536	21.6	14.8	1.67	0.77	1.73	187
Gorton...	... 1147	26564	31000	33.7	18.5	3.06	1.16	3.96	170
Mossley	... 3622	13452	13628	17.5	16.5	0.88	1.61	3.30	175
From Dr. Barwise's 1905 Report :									
Glossop	... 3052	21526	21520	22.5	16.7	1.25	1.53	3.39	136
From Dr. Meredith Young's 1905 Report :									
Stockport	... 5485	—	98320	27.1	18.2	2.20	1.32	—	168

N.B.—The Death Rates are nett but not Corrected Death Rates.

I suppose the moral of it all is

“BACK TO THE LAND.”

Some remarks I have previously made on Agricultural Education may be emphasized, and when one sees a Garden City like Bourneville as I saw it a fortnight ago, one is disposed to dream of what might be.

To descend however, to the more immediately practical, Glossop with its clay subsoil, and consequent tendency to cold and damp soil, would be expected to be liable to consumption.

As a matter of fact amongst the Urban Districts in the administrative County of Derbyshire, Glossop and another district were equal in the fourth place from the highest death-rate from this disease in 1906. Of course drainage is the great thing in relation to the soil. Our Sewage Scheme undoubtedly drains the district, but attention should be given to drainage of house sites, concreting basements, ventilating under the ground floors, and putting damp courses in walls. Then general ventilation, open spaces round houses, and free access of sunlight, are most important. Then come prevention of spitting, destruction of sputum, disinfection of houses in which consumptives have resided, wet instead of dry cleaning of floors, so as not to raise dust, and finally General Cleanliness.

There was a heavy mortality from Diarrhoea in 1906, no doubt due to the hot and dry summer, Glossop occupied the sixth place amongst Urban Districts in Dr. Barwise's List on Mortality from

Continued Fevers and Diarrhoeal Diseases, and there were three rural districts above us. Abolition of Privy Middens, Pail Closets, and Cesspools, removal of decomposing organic matters, watering streets to prevent dust, and destruction of flies are the chief remedies.

These remedies would no doubt prove efficacious for prevention of other diseases not so easily traceable to decomposing organic matters, as Diarrhoea is.

We were eighth from the highest in the Administrative County in our Infantile Death-rate. I think this is very fair considering the nature of our district, but we might be able to do better if female youth as well as grown women were more fully instructed in hygienic methods of infant rearing.

We were sixth in the list of deaths from Respiratory Disease. Rooms in the mills well ventilated, and not too hot or too cold, are important in this connection.

Notwithstanding our epidemic of Scarlet Fever, we were fifth from the highest in our Zymotic Death-rate.

We were not highest in the County in mortality from any one class of disease.

I would add two notes to the above remarks :

The town of Derby is a County Borough and not in the Administrative County ; and I have taken no note of the County Asylum.

I am, Gentlemen,

Yours truly,

**DUNCAN J. MACKENZIE, M.D.**

LOCH MAREE HOUSE,

GLOSSOP.

*October 21st, 1907.*